

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10/573356

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52			1			
3							53			1			
4		1					54			1			
5		1					55			1			
6		1					56			1			
7		1					57			1			
8		1					58			1			
9		1					59			1			
10		1					60			1			
11		1					61			1			
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
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39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	608	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	62					

Best Available Copy